

Hawaii WIC Program VENDOR COMPLAINT FORM

On _____ at _____ : _____ am/pm
Date (Month, Day, Year) Time (Hour : Minutes)

Customer's Name and/or Description Client I.D. # _____

Using WIC Check(s) _____ tried to:
(Black) Check Number(s)

- ☐ Purchase unauthorized food with a WIC check (*please describe food below*)
- ☐ Did not sign check
- ☐ Use a WIC check before/after valid date (*circle "before" or "after"*)
- ☐ Purchase WIC foods with an invalid WIC Identification Folder (*missing or mis-matched signatures*)
- ☐ Return WIC food for cash, credit, or non-WIC items
- ☐ Purchase non-food items with WIC check (*please describe items below*)
- ☐ Exchange WIC check for cash, credit (includes rain checks), or non-WIC items
- ☐ Use an altered WIC check (*please describe alteration below*)
- ☐ Use a pre-signed WIC check
- ☐ Other (*please describe below*)
- ☐ Customer was abusive toward store personnel (*please describe below*)
- ☐ **Store has prohibited customer from store; will be refused if returns to store**

Vendor comments/statement: _____

Did transaction go through?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> After corrections
Copy of WIC check attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Additional comments attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Vendor Name and WIC Vendor # Address/City

Vendor Employee Name Phone Number

Fax to: (808) 586-8189
Mail to: WIC Vendor Management, 235 S. Beretania Street, Suite 701, Honolulu, HI 96813
Phone: (808) 586-4776 or 1-888-820-6425

WIC FORM V-001 (03/05)

WIC Distribution: Liaison PHN
Clinic Ops

Hawaii WIC Program

3/01/2005